

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42960

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1000		Registrar's No. 11623			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION Geitner Home - 5000				d. STREET ADDRESS (If rural, give location) Geitner Home 0					
3. NAME OF DECEASED (Type or Print)		a. (First) Celestine		b. (Middle)		c. (Last) Von Drehle			
4. DATE OF DEATH		(Month) Dec. 12, 1950		(Day)		(Year)			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH May 3, 1864			
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME Anna Steffen		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Hy Knippenberg		ADDRESS Oakville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Cerebral by arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION C		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321X					
22. I hereby certify that I attended the deceased from Feb. 21, 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec. 11, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J. Q. Kerschbaum M.D.		(Degree or title)		23b. ADDRESS 5000 S. Broadway		23c. DATE SIGNED 12/14/50			
24a. BURIAL, CREATION, REMOVAL (Specify)		24b. DATE 12/14/50		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Mausoleum		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.			
DATE REC'D BY LOCAL REG. DEC 17 1950		REGISTRAR'S SIGNATURE J. B. Parson		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons		ADDRESS 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed

W. G. Petersson

Student Embalmer No.....

Licensed Embalmer No.

3767

P. O. Address

7027 Glenwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.